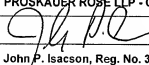


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/771,852
	Filing Date	February 4, 2004
	First Named Inventor	Jeffrey W. RUBERTI et al.
	Art Unit	1796
	Examiner Name	Kelechi C. EGWIM
Attorney Docket No.		20780-0006

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Response to Restriction Req. <input type="checkbox"/> Amendment (Non-Final) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (with references) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Other Enclosure(s):	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	PROSKAUER ROSE LLP - Customer No. 61263
Signature	
Printed Name	John P. Isacson, Reg. No. 33,715
Date	November 9, 2007

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

FEE TRANSMITTAL FY 2008

Complete if Known

Application Serial No. 10/771,852
Filing Date February 4, 2004
First Named Inventor Jeffrey W. RUBERTI et al.
Group No. 1796
Examiner Name Kelechi C EGWIM
Confirmation No. 9743

METHOD OF PAYMENT

FEE CALCULATION (continued)

- ☒ Payment Enclosed:
☐ Check ☐ Money Order ☒ Other
- ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840
☒ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
- ☐ Applicant claims small entity status.

4. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	
450	225	Extension for reply within 2 nd mo.	
1,020	510	Extension for reply within 3 rd mo.	
1,590	795	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	\$180.00
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)		Request for Continued Examination	
Other fee (Specify)			
4. TOTAL:			\$180.00

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	210	105
Total Claims	Extra Claims	Fee Paid (\$)

- 20 or HP=	x \$50.00 =	\$
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee Paid (\$)
- 3 or HP=	x \$210.00 =	\$
HP = highest number of total claims paid for, if greater than 3		
Multiple Dependent Claims	Fee(\$) 360	Small Entity fee (\$) 180
	Fee Paid (\$)	

2. TOTAL: \$

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheet or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100= 0	/50=	round up to a whole number	x	= 0.00
3. TOTAL:				

CORRESPONDENCE ADDRESS

Direct all correspondence to:
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1001 Pennsylvania Avenue, N.W., Suite 400
Washington, D.C. 20004
Tel. No.: (202) 416-6800
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CUSTOMER NO: 61263

SIGNATURE BLOCK

Respectfully submitted,



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Reg. No.: 33,715
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John P. Isacson
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